


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90025 034 ****61.25

DOCUMENT # N04000002868					
1. Entity Name THE AMATURO FOUNDATION INC.					
Principal Place of Business 3101 NORTH FEDERAL HIGHWAY SUITE 601 FORT LAUDERDALE, FL 33306 US			Mailing Address 3101 NORTH FEDERAL HIGHWAY SUITE 601 FORT LAUDERDALE, FL 33306 US		
2. Principal Place of Business - No P.O. Box # 3101 NORTH FEDERAL HWY.			3. Mailing Address 3101 NORTH FEDERAL HWY		
Suite, Apt. #, etc. 6TH FLOOR			Suite, Apt. #, etc. 6TH FLOOR		
City & State FORT LAUDERDALE, FL			City & State FORT LAUDERDALE, FL		
Zip 33306		Country US		Zip 33306	
Country US		Country US		4. FEI Number 20-1379562	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CAMERON, CARA E SUITE 410 2929 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME AMATURO, JOSEPH C STREET ADDRESS 3101 N FEDERAL HWY, 6TH FL CITY-ST-ZIP FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Delete		TITLE D NAME AMATURO, DOUGLAS Q STREET ADDRESS 3101 N FEDERAL HWY, 6th FLOOR CITY-ST-ZIP FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P D NAME AMATURO, WINIFRED J STREET ADDRESS 3101 N FEDERAL HWY, 6TH FL CITY-ST-ZIP FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Delete		TITLE D NAME WALSH, LORNA J STREET ADDRESS 3101 N FEDERAL HWY, 6TH FLOOR CITY-ST-ZIP FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME EISENSTEIN, ELIZABETH A STREET ADDRESS 87 HUNDREDS ROAD CITY-ST-ZIP WELLESLEY, MA 02481	<input type="checkbox"/> Delete		TITLE D NAME AMATURO, WINIFRED L STREET ADDRESS 3101 N FEDERAL HWY, 6TH FLOOR CITY-ST-ZIP FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME AMATURO, LAWRENCE V STREET ADDRESS 1225 ST. HELENA AVE. CITY-ST-ZIP SANTA ROSA, CA 95404	<input type="checkbox"/> Delete		TITLE TD NAME NICKEL, JEANETTE E STREET ADDRESS 3101 N FEDERAL HWY, 6TH FLOOR CITY-ST-ZIP FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T D NAME NICKEL, JEANETTE E STREET ADDRESS 3301 ARUBA WAY J4 CITY-ST-ZIP COCONUT CREEK, FL 33066	<input checked="" type="checkbox"/> Delete		TITLE TD NAME NICKEL, JEANETTE E STREET ADDRESS 3101 N FEDERAL HWY, 6TH FLOOR CITY-ST-ZIP FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S D NAME CAMERON, CARA E STREET ADDRESS 2929 E COMMERCIAL BLVD, 4TH FL CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		TITLE TD NAME NICKEL, JEANETTE E STREET ADDRESS 3101 N FEDERAL HWY, 6TH FLOOR CITY-ST-ZIP FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other firms empowered.					
SIGNATURE: <i>Amaturo Douglas Q</i> Treas./Director 4-4-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40059867



03182008 Chg-NP CR2E037 (12/06)

FL

Zip Code

954-565-1411